

Health Care Reform: Focus on Maryland

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Patient Protection and Affordable Care Act

- Signed into law by President Obama on March 23, 2010
- Reform will do what many states could not do on their own
 - Correct insurance problems
 - Insure 45 million uninsured individuals
 - Improve healthcare quality
 - Reduce the cost of healthcare

Current Benefits of Reform

- Prohibits annual and lifetime benefits
- Dependent coverage up to age 26
- Prohibition against rescissions
- Preventive screenings
- Coverage for pre-existing conditions
- Easier way to appeal insurance decisions
- Eliminates pre-existing exclusions for children

Coverage Expansion

- Takes effect in 2014
- Essential benefit package
- Creation of state exchanges
- Medicaid expansion up to 133% of poverty
- Federal subsidies for those between 134% and 400% of poverty
- Legislation assumes the Parity Act of 2008

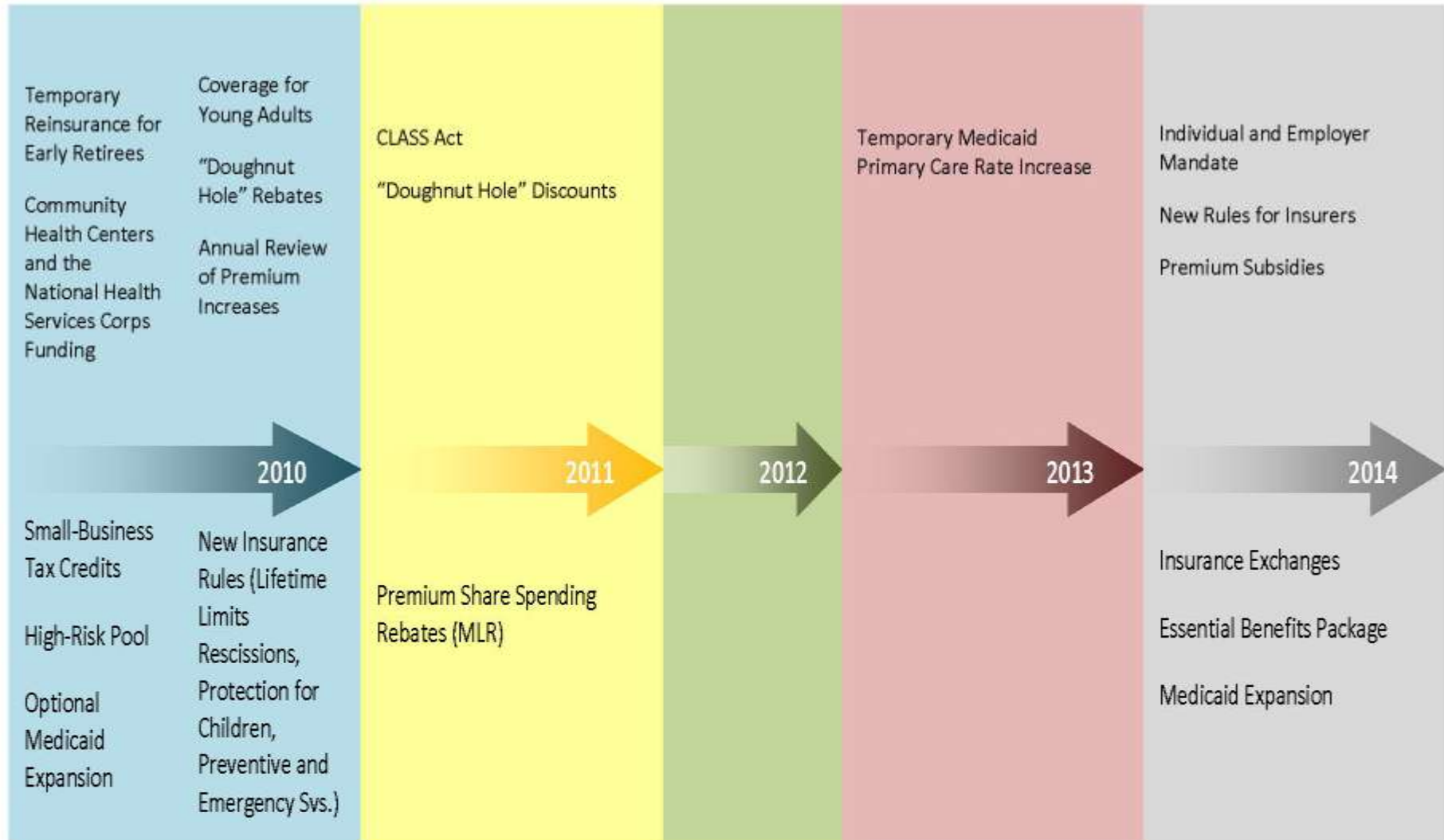
Improve Quality

- Improve individual experience of care
- Evidence based care, clinical guidelines
- Health homes
- Integration and coordination with primary care
- Expansion of HCBS and TCM

Reduce the Cost of Healthcare

- Use of technology, EHR
- Emphasize prevention
- Accountable care organizations and other innovative payment options
- Pilot programs for bundled care, episode based care, P4P, etc.

Timeline of Select Provisions in the Affordably Care Act



Parity

- Regulations effective 7/1/10
- Apply to 50+ employees *Health Plans* IF they offer a behavioral health benefit
- No Financial Requirements or Treatment Limitations that are more restrictive than Medical
- Establishes 6 classifications of benefits
- Plan must provide BH benefits in each class in which it provides Medical
- Scope of services must be largely analogous

Maryland Parity Project

“1outta5”

- Mental Health Association
 - Understand the law
 - Understand your rights
 - Understand your plan
 - Help you take action

Maryland Experience

- Maryland's many strengths, including our unique all-payer system and recent health expansions leave us well-positioned to implement reform
 - Quality of care initiatives
 - Hospital payment reform
 - Patient centered medical home
 - Health information technology
 - Health insurance exchange
 - Coordinating Council

Impact on Behavioral Health

- Integration
- Payer sources and patients
- Performance, quality and accountability
- Health, wellness, and medical needs
- Good and modern BH system of care
- Benefit design
- Workforce

Paradigm Shift

- Segregation to Integration
- Grants to FFS
- Patient choice
- Health system of care and collaboration
- Whole population health
- Wellness
- New organizational forms
- Use of technology

Road Map for Providers

- Participation in Health Plan Panels
- Commercial/Medicaid insurance reimbursement
- Managed care
- Volume, infrastructure, quality, innovation
- Mental health/substance use disorder integration
- Clinical practices
- Business models
- Delivery system design

THANK YOU!!

- Questions?
- Comments?